PTO/SB/05 (03-01)

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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attori	ney Docket No.		
First Inventor		Mary E. Abood	8.
Title	USE OF ANANDAMIDE/CANNABINOID RECEPTOR/ACCEPTOR AG		12

(Only for new nonprovisio	nal applications under 37 CFR 1.53(l	<u>)) </u>	xpress	s Mail Label No	. Fus	22568	308US	22
APPLICATION ELEMENTS		4.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
1.	[Total Pages] at set forth below] to of the invention the to Related Applications arding Fed sponsored R & D equence listing, a table, program listing appendix the Invention of the Invention on of the Drawings (if filed) iption Disclosure]]	7	CD-ROM or CD Computer Progression and/or Amapplicable, all necession Sequit. CD-Roi i. Daper Statements volume Accompany Accompany Assignment Page 37 CFR 3.73((when there is English Trans Information D Statement (ID Preliminary A Return Receipt (Should be spont Certified Copy (if foreign price (b)(2)(B)(i). Application (b)(2)(B)(i). Application (b)(2)(B)(i).	Washin D-R in dup pram (App ino Acid Sessary) adable F ence List OM or CE erifying ic erifying ic san assig slation Do isclosure ps)/PTO- mendmen pt Postca ecifically y of Priori ority is cla en Reques pplicant in	gton, DC 20 plicate, larg pendix) Sequence S form (CRF) ting on: D-R (2 copie dentity of at PLICATIO ever sheet & nent gnee) 1449 nt ard (MPEP 5 itemized) ity Document ity Do	e table or Submission es); or pove copies ON PARTS document(s Attorney applicable) Copies of Citations 603) nt(s) U.S.C. 122)) IDS
6. Application Data Sheet. See 37 CFR 1.76			or its equivalent. 17. Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No.: Frior application information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
19. CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below								
Name	Mary E. Abood							
	Forbes Norris ALS/MDA Research Center							
Address	2351 Clay St., Suite 416							
City	San Francisco CA	St	ate	CA	7	Zip Code	94115	
Country	USA	Teleph	one	415/600-360	7	Fax		
Name (Print/Type)	Mary E. Abood		Regi	stration No. (Atto	rney/Ag		. /	
Signature	Ma E Ofbord				Da	ate 7/	21/03	- 1

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PTO/SB/17 (10-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL	AMOUNT	OF	PAYMENT
	, ,,,,,	•	

(\$) 375.00

Co	omplete if Known
Application Number	
Filing Date	07/21/2003
First Named Inventor	Mary E. Abood
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to: Deposit	Large Small				
Account Number	Entity Entity Fee Fee Fee Fee	Description Fee Paid			
Deposit	code (\$) Code (\$)	Description Fee Paid			
Account Name	05 130 205 65 Surcharge - late	filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	27 50 227 25 Surcharge - late cover sheet	provisional filing fee or			
Applicant claims small entity status.	39 130 139 130 Non-English spe	ecification			
See 37 CFR 1.27	47 2,520 147 2,520 For filing a requ	est for ex parte reexamination			
2. Payment Enclosed: Check Credit card Money Other	12 920* 112 920* Requesting pub Examiner action	lication of SIR prior to			
FEE CALCULATION	13 1,840* 113 1,840* Requesting pub Examiner action				
1. BASIC FILING FEE	15 110 215 55 Extension for re	ply within first month			
Large Entity Small Entity	16 400 216 200 Extension for re	oly within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	17 920 217 460 Extension for re	oly within third month			
101 740 201 370 Utility filing fee 37500?	18 1,440 218 720 Extension for re	oly within fourth month			
106 330 206 165 Design filing fee	28 1,960 228 980 Extension for re	oly within fifth month			
107 510 207 255 Plant filing fee	19 320 219 160 Notice of Appea	1			
108 740 208 370 Reissue filing fee	20 320 220 160 Filing a brief in s	upport of an appeal			
114 160 214 80 Provisional filing fee	21 280 221 140 Request for oral	hearing			
· -	38 1,510 138 1,510 Petition to institu	ite a public use proceeding			
SUBTOTAL (1) (\$) 375.00	40 110 240 55 Petition to revive	e - unavoidable			
2. EXTRA CLAIM FEES Fee from	41 1,280 241 640 Petition to revive	e - unintentional			
Ext <u>ra Claims below Fee Paid</u>	42 1,280 242 640 Utility issue fee (or reissue)			
Total Claims 3 -20** = 0 X = Independent 3 -2** = 0 X	43 460 243 230 Design issue fee	<u> </u>			
Claims	44 620 244 310 Plant issue fee	·			
Multiple Dependent	22 130 122 130 Petitions to the 0	Commissioner			
Lama Entite Book Fratte	23 50 123 50 Processing fee to	ınder 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	26 180 126 180 Submission of Ir	formation Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20		patent assignment per number of properties)			
102 84 202 42 Independent claims in excess of 3	46 740 246 370 Filing a submiss (37 CFR § 1.129	ion after final rejection (a))			
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent	•	nal invention to be			
110 18 210 9 ** Reissue claims in excess of 20	79 740 279 370 Request for Con	tinued Examination (RCE)			
and over original patent	69 900 169 900 Request for exp	edited examination			
SUBTOTAL (2) (\$)	of a design app ther fee (specify)	lication			
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
SUBMITTED BY Complete (if applicable)					

SUBMITTED BY

Name (Print/Type)

Mary E. Abood

Registration No. (Attorney/Agent)

Signature

Complete (if applicable)

Telephone 415/600-3607

Date 07/21/2003

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